

## 2011 Summary of Benefits

### Local 77

<b>Plan Features</b>	<b>Dental Health Services (DHS)</b>
Annual Deductible	\$0
Annual Maximum	No Annual Maximum.
Outpatient Copay	\$5 copay per visit for the first three years of employment
Diagnostic and Preventive (routine and emergency exams, x-rays, cleaning, fluoride treatment, sealants)	Paid at 100% Composite fillings for all teeth covered at no extra charge. Two additional cleanings for pregnant women, up to four cleanings.
Crowns, Inlays, Onlays	Paid at 100% (plus copays per unit of \$70 for noble, \$100 for high noble, \$125 for upgraded, specialized porcelain if applicable.)
Prosthodontic Services (Dentures, Bridges)	Paid at 100%
Orthodontia	\$400 copay, and \$150 pre-orthodontic service copay, which includes: Initial orthodontic exam \$25 Study models/x-rays \$125  No office visit copays for monthly visits. Benefits provided for eligible employees, spouse/partner, and dependent children under age 25 (through age 24) regardless of attending school or through completion of treatment, whichever occurs first.
Lifetime Maximum	N/A
Choice of Providers	In-Network: Any contracted provider in the DHS network. Out-of-Network: No out-of-network coverage.
Periodontics (surgical and nonsurgical procedures for treatment of the tissues supporting the teeth)	Paid at 100%
Oral Surgery (routine and surgical extractions)	Paid at 100%
Temporomandibular Joint (TMJ) Disorders	\$1,000 annual max \$5,000 lifetime max
Dental Implants	Call the Dental Health Services office for details
Other	Occlusal (night guard) with \$350 copay

\*\* Expenses paid based on actual charges or average fee charged by 51% of providers in the area, whichever is less.